The Northern District Court deried my complaint. Please review my complaint.

(ase No. 3 21- (1-68735- WAA)

Best Regards, Jagne 1 Pitts MAR 10 2023

DATE

Just 19

3/8/2023

My name is Jaquel Pitts

I have a disability. I've had an uber account since 2018. I believe I qualify for this class action lawsuit as a claimant

I am hereby requesting that your court add me to this settlement as a claimant.

Class counsel has refused to add me as a claimant despite the fact that I am qualified to be added to this case as a claimant.

I have attached my disability verification of ADHD. I am hereby filing a complaint pertaining to

United States of America v. Uber Technologies Inc, Case No. 3:21-CV-08735-WHA, in the U.S. District Court for the Northern District of California, San Francisco Division

against class counsel

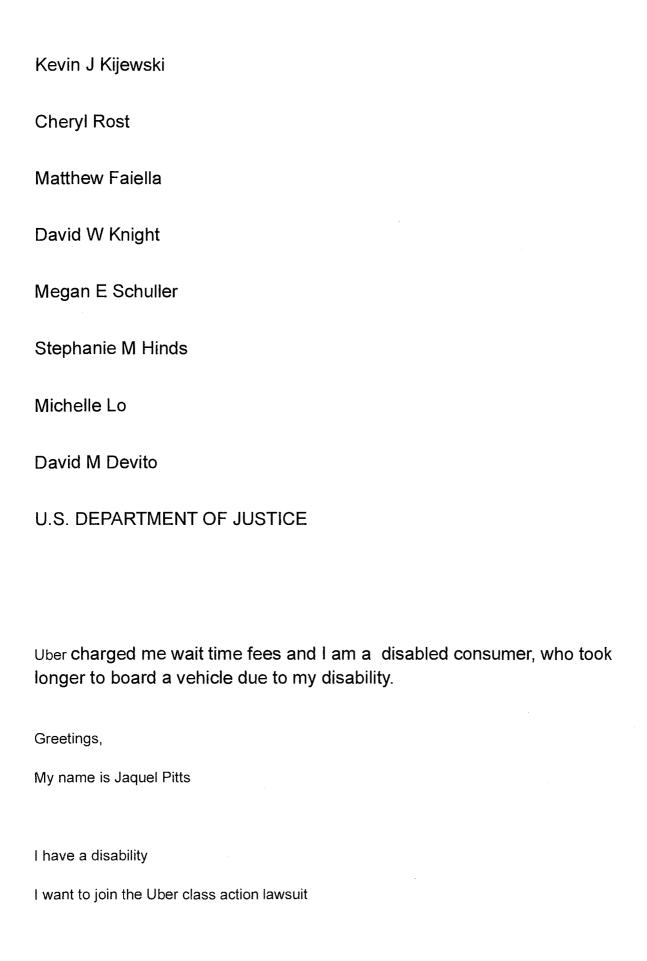
Class counsel for the plaintiffs for this case below is refusing to allow me to join the class action lawsuit and file a claim, because of this I am requesting of your court to administratively sign me up as a plaintiff along with the other class action plaintiffs in this case among the other class action claimants due to my sincerely held religious beliefs and disability

Class counsel is claiming I never had an uber account but the evidence I attached confirms that I had an uber account since 2018.

Class Counsel

Kristen Clarke

Rebecca B Bond



My date of birth is 03/28/1994

Jaquel Pitts

Vacual Pitta



Multicultural Counseling and Consulting Center

2030 *8" STREET * SAN DIEGO, CALIFORNIA 92102-1022 TELEPHONE (818) 229-0408 * FAX(619) 239-3348

18 October 2017

Christine Earley-Nadler, MS Ed Disability Services Coordinator

From: Norman E. Chambers Psychologist

RE: Jaquel Pitts

As Limentioned in an earlier correspondence, the nature and scope of the client is condition is such that I am confident that the PDF version of his college text books will prove to be helpful both personally and academically.

His diagnoses are as follows:

- LF34.81 Disruptive Disorder NOS
- F90.9 Adult Attention Deficit Disorder
 F41.1 Generalized Anxiety Disorder

lam recommending that he be afforded this PDF version of his college text books.

Sincerely

AFTER VISIT SUMMARY

Jaquel Pitts MRN: 701989454

□ 6.6/2022 Q Schools Mercy Hospital San Diego Emergency Department 619-686-3800

PURPOSE: TO KEEP YOU INFORMED AND EXPLAIN HOW TO CARE FOR YOURSELF AT HOME

Instructions

Your personalized instructions can be found at the end of this document



Read the attached information

Fracture, Finger, Closed (English)



Call Your primary care clinic in 1 day (around 6/7/2022)

Why: To be referred to an orthopedist as soon as possible.



Follow up with Scripps Mercy Hospital San Diego Emergency Department

Why As needed Contact 4077 Fifth Avenue
San Diego California 92103-2105
619-686-3800

What's Next

You currently have no updoming apprentments acceduled

The information in this after visit summary is up to date as of 6/6/2022 6:00 PM

Allergies

Date Reviewed 6/6/2022

No active allergies

Today's Visit

You were seen by Julian George Lis, MD

. Scripps

Reason for Visit

Finger Injury

Diagnosis

Closed nondisplaced fracture of distal phalanx of left middle finger, initial encounter

1 Imaging Tests

X-ray finger left 2 or more views

Medications Given

acetaminophen (TYLENOL) Last given

MyScripps Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions. schedule appointments, and more.

Go to https://myscripps.org/mychart/, click "Sign Up Now", and enter your personal activation code: 7PK9C-C3NT6-ZN2HA. Activation code expires 7/21/2022

Jaquel Pitts (MRN: 701989454) (3/28/1994) • Printed by [173973] at 6/6/2022 6:00 PM

©2020 Epic Systems Corporation Page 1 of 7

pits, Jaquel (MRN: 701989454) DOB: 3/28/1994

ន្ត Ordered On 6/6/2022 3:49 PM

Ordering Provider

Julian George Lis, MD

Emergency Medicine

619-260-7000

Authorizing Provider

Julian George Lis, MD Emergency Medicine

\$858-342-9627 (Sign In) \$\&\ 858-342-9627 (Sign In) \$\&\ 858-342-9627 (Sign In)\$ 619-260-7000

Ordering User Julian George Lis, MD Emergency Medicine \$58-342-9627 (Sign In) \$858-342-9627 (Sign In) \$858-342-9627 (Sign In) \$\$619-686-3800

€ 619-260-7000

lis.julian@scrippshealth.org lis.julian@scrippshealth.org lis.julian@scrippshealth.org

Order Details

Priority STAT

garage age

Shulov Status

Ordering

Department

SHIME EMERGENCY

Emergency Medicine

6/6/2022 3 50 PM

Final

Study Details

Reading Physician

Readma Cate 6/6/2022

Pesult Priority

Rowena Gregorio Tena, MD

\$858-658-6500

Marrative & Impression

EXAMINATION. X-RAY FINGER LEFT 2 OR MORE VIEWS

DATE/TIME: 6/6/2022 4 32 PM

HISTORY pain

COMPARISON None

FINDINGS.

BONES. Acute appearing fracture possibly superimposed on chronic injury of the base of the right long finger distal phalanx is associated with minimal impaction. No significant angulation.

SOFT TISSUES No significant soft tissue abnormality

OTHER. Findings discussed with Dr. Lis at 5:46 PM on 6/6/2022

IMPRESSION:

IMPRESSION: Acute appearing impaction fracture of the base of the right long finger distal phalanx. Possible acute on chronic injury. Correlate with any clinical suspicion of prior trauma.



92971 852 PM

\$500

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- Receipt
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Your ride with Eskinder

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Now with it gland drawn cars.





First Lost Item

We can be ply usigeful to be showith, you can we

→ • ■

CONFIDENTIAL

DISABILITY VERIFICATION (DV)

PLEASE RETURN OR FAX TO:

SANTA ANA COLLEGE • DISABLED STUDENT PROGRAMS AND SERVICES

1530 W. 17th Street • Santa Ana, California 92706 Phone (714) 564-6264 • Fax (714) 285-9619

	st have a verifica	tion of disability.	for special serv	vices at this college. In	order to provide services we				
	Diltz	JAQ1e1							
Last Name First Name		First Name	M.I.	SAC ID#	Date of Birth				
Address			City		Zip Code				
	commodations t	o support this stude	ent:		reasonable educational				
1.	Diagnosis:	T/15/A1 12	46/15	FRACTU					
1. Diagnosis: Tistal RASIIS FRACEL If applicable, DSM V Code and Severity:									
2.									
	□ Speaking □ Limited mobil □ Visual acuity □ Reduced cou Recommended	ity [[rse load [☐ Hearing ☐ Taking class i ☐ Completion of ☐ Slow process		☐ Processing verbal material ☐ Processing visual materials ☐ Easily distracted ☐ Poor concentration				
3.	Prescribed Medication(s), Dosage and Side effects:								
4.	Duration of Disability □ Permanent/Chronic Door temporary, give estimated duration and/or date of re-evaluation AF M M M M M M M M M								
5.	Condition is: Stable Prone to exacerbations								
6.	Please list other special assistance needed:								
			<u> </u>						
Fed					udent record subject to the released to the student upon				
Sla	nature		199	5.16 MD	9-13.18				
(V	eritying Licensed Profession	onal Lic	ense# Titl	e Date				
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	dress	Kerlan-Jobe Ort	hopaedic Cl	inic agg	972 8150				
Pho	one	7777 Fact Katel	la Ave #400	FAX SSD	-1 (0 01)-				

714-450-4514 Anahein., CA 92806

TRANSMI	SSION	VERIF	CATION	REPORT

TIME : 09/13/2018 09:19AM

NAME : FAX :

TEL

SER.#: U64969E8N981784

DATE, TIME 09/13 09:18AM

FAX NO. /NAME 917142859619

DURATION 00:00:43

PAGE(S) 01

RESULT OK

MODE STANDARD

ECM

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DISABILITY VERIFICATION (DV)

PLEASE RETURN OR FAX TO: 8ANTA ANA COLLEGE • DISABLED STUDENT PROGRAMS AND SERVICES

1530 W. 17th Street • Santa Ana, California 92706 Phone (714) 564-6264 • Fax (714) 285-9619

The student named below may be eligible for special services at this college. In order to provide services we must have a verification of disability. Last Name M.I. SAC ID# Date of Birth City Address Zip Code Please provide the following Information in full in order to help determine reasonable educational accommodations to support this student: TISTAL RAdius 1. Diagnosis: If applicable, DSM V Code and Severity: 2. Functional limitations of disability and/or medication. Please check: ☐ Speaking □ Hearing ☐ Processing verbal material ☐ Processing visual materials ☐ Limited mobility ☐ Taking class notes ☐ Completion of written assignments ☐ Easily distracted ☐ Visual acuity ☐ Reduced course load ☐ Slow processing of information ☐ Poor concentration Recommended unit hours

3. Prescribed Medication(s), Dosage and Side effects:













